

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/589,899

FILING DATE
8-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		1				
7		1				
8		2				
9		0				
10		0				
11		0				
12		0				
13	1					
14		1				
15		1				
16		3				
17		0				
18		0				
19		1				
20	1					
21		0				
22		0				
23			1			
24				1		
25				1		
26				1		
27				2		
28				1		
29				1		
30				2		
31				2		
32				6		
33				6		
34				6		
35			1			
36				1		
37				1		
38				3		
39				5		
40				5		
41				5		
42				5		
43			1			
44				1		
45				2		
46						
47						
48						
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	23	←	55	←		←
TOTAL CLAIMS	26		58			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						